REQUEST FOR SUPPORT SERVICES

INSTRUCTIONS: Read carefully before signing each of the areas below. Your signature is required in order for us to open a case for you.

I request the services of the local child support agency to assist in my efforts to locate the noncustodial parent, establish paternity and/or secure support for the children listed in Section II.

I am applying for these services under the Child Support Enforcement Program under Title IV-D of the Social Security Act.

I will notify the Local Child Support Agency immediately of any of the following events:

- When each child marries, reaches age 19 or reaches age 18 and is not a full-time student, whichever occurs first.
- Any change in my residence address, mailing address, or telephone number.
- Any change in my employer, including name, address and telephone number.
- Any change in the status, cost or availability of health insurance coverage.
- Any information regarding the whereabouts of the other parent(s).
- When the parent(s) move back in together with the children.
- Any change in the custody of the children.

I am aware that the local child support agency and the Attorney General do not represent me, the other parent, or the children who are the subject of this case. No attorney-client relationship exists between the local child support agency or the Attorney General, and myself, the other parent, or the children. No attorney-client relationship will arise if the local child support agency or the Attorney General provides the support services I have requested.

I declare under penalty of perjury that I have read, understand and agree to all of the terms specified above.

| SIGNATURE: | DATE: |
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| you may not be deducted from f in writing at the time, which cor not consent to repay the overpa | Iges that you are aware that any amounts overpaid to uture support payments sent to you unless you consent issent may be revoked at any time. However if you do yment to the county by a deduction from future support, authorized to use the collection of the last unassigned overpayment. |
| SIGNATURE: | DATE: |

CSS 2115 (09/01/01) LCSA Case No.: